Organization ID # 0440335 State of origin Filing fee

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State 0440335.09

mstratton **PRPF** 

Elaine N. Walker, Secretary of State

Received and Filed: 11/7/2011 3:27 PM Fee Receipt: \$115.00

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Reinstatement Application and Reinstatement Annual Report** For the year 2011

RST

**Exact organization name and principal office address** AEGON ASSIGNMENT CORPORATION OF KENTUCKY ATTN: COUNSEL **400 W MARKET STREET** 

8TH FLOOR **LOUISVILLE KY 40202**  The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website

## Registered Agent and Registered Office Address

C T CORPORATION SYSTEM 306 W MAIN ST **SUITE 512** FRANKFORT, KY 40601

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Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian 4333 Edgewood ANDREW W. MARTIN Secretary President TOM ST. ANDREWS **KEVIN CRIST** <u>Treasurer</u> Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address. TOM ST. ANDREWS KEVIN CRIST SCOTT HAM The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer. Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to AEGON ASSIGNMENT CORPORATION-OF KENTUCKY to the Secretary of State, as required for reinstatement pursuant to KRS 271B 14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. V.P. + SECRETARY Signature of officer or chairman of the board (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

November 7, 2011

AEGON ASSIGNMENT CORPORATION OF KENTUCKY ATTN: COUNSEL 400 W MARKET STREET 8TH FLOOR LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AEGON ASSIGNMENT CORPORATION OF KENTUCKY** has filed Kentucky Income Tax Returns through the tax year ended 12//31/2010, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Frankie Eden, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0440335





## **EDUCATION and WORKFORCE DEVELOPMENT CABINET** OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov

Joseph U. Meyer Secretary

**William Monterosso Executive Director** 

Date: 11/07/2011

AEGON ASSIGNMENT CORPORATION OF KENTUCKY

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Tara Welch Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0440335

